Utah's Plan Of Action To Promote Oral Health

A Public-Private Partnership

Utah Oral Health Coalition

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Introduction

Utah's Plan of Action to Promote Oral Health reflects the Utah Oral Health Coalition's vision, goals, and a series of actions to achieve the goals. It is addressed to professional organizations and individuals concerned with the health of their fellow Utahns. It is an invitation to expand plans, activities, and programs designed to promote oral health and prevent disease, especially to reduce the health disparities that affect low-income or uninsured people, those who are geographically isolated, members of racial and ethnic groups, and others who are vulnerable because of special health care needs. It is the hope that *Utah's Plan of Action to Promote Oral Health* referred to as the *Plan of Action*, will inspire others to join in the effort, bringing their interest, expertise and experience to enrich this partnership and thus accelerate a movement to enhance the oral health and general health and well-being of all Utahns.

Origins of the Plan Of Action

Oral Health in America: A Report of the Surgeon General (the Report) alerted Americans to the importance of oral health in their daily lives [1]. The Report, issued in May 2000, provided state-of-the-science evidence on the integral relationship between oral health and general health, including recent reports of associations between chronic oral infections and diabetes, osteoporosis, heart and lung conditions, and certain adverse pregnancy outcomes. The text further detailed how oral health is promoted, how oral diseases and conditions are prevented and managed, and what needs and opportunities exist to enhance oral health. Major findings and themes of the report are highlighted in the following Table.

TABLE: Major Findings and Themes from *Oral Health in America: A Report of the Surgeon General*

- Oral health is more than healthy teeth.
- Oral diseases and disorders in and of themselves affect health and well-being throughout life.
- The mouth reflects general health and well-being.
- Oral diseases and conditions are associated with other health problems such as diabetes, cardiovascular and preterm low birth weight births.
- Lifestyle behaviors that affect general health such as tobacco use, excessive alcohol use, and poor dietary choices affect oral and craniofacial health as well.
- Safe and effective measures exist to prevent the most common dental diseases—dental caries and periodontal diseases.
- There are profound and consequential oral health disparities within the U.S. population.
- More information is needed to improve America's oral health and eliminate health disparities.
- Scientific research is key to further reduction in the burden of diseases and disorders that affect the face, mouth, and teeth.

The Report's message is that oral health is essential to general health and well-being and can be achieved. However, a number of barriers, including low socioeconomic status, lack of insurance, and low dental literacy, hinder the ability of some Americans from attaining optimal oral health.

The Surgeon General's Report concluded with a framework for action, calling for a national oral health plan to improve quality of life and eliminate oral health disparities.

The Rationale for the Plan of Action for Utah

The rationale is based on data from the Surgeon General's Report and Utah data. These and other data on the economic, social, and personal burdens of oral diseases and disorders show that although Utah has made substantial improvements in oral health, more must be done.

Oral diseases are progressive and cumulative and become more complex over time. They can affect our ability to eat, the foods we choose, how we feel about ourselves, how we look, and the way we communicate. These diseases can affect economic productivity and compromise our ability to work at home, at school, or on the job. Health disparities exist across population groups at all ages. These disparities are commonly associated with populations whose access to health care services is compromised by poverty, lack of insurance, limited education or language skills, geographic isolation, age, gender, disability, or an existing medical condition. Almost one-half of Utah's population (more than one million people) have no access to community water fluoridation. It is estimated that approximately 200,000 children and adults in Utah lack medical insurance [2], and that there are more than 2.5 times that number who lack dental insurance. The following are highlights of oral health data for children, adults, and the elderly nationally and in Utah.

Children

- Dental caries (tooth decay) is the single most common chronic childhood disease – 5 times more common than asthma and 7 times more common than hay fever.
- 58 percent of 6 to 8-year-old children in Utah have at least one cavity or filling. Nevertheless, these figures represent improvements in the oral health of children compared to a generation ago. [3]
- There are striking disparities in dental disease by income. Poor children suffer twice as many dental caries as their more affluent peers, and their disease is more likely to be untreated. These poor/non-poor differences continue into adolescence. One out of four children in America is born into poverty, and children living below the poverty level (annual income of $18,850 for a family of four) have more severe and untreated decay.
- Unintentional injuries, many of which include head, mouth, and neck injuries, are common in children.
- Intentional injuries commonly affect the craniofacial tissues.
- Tobacco-related oral lesions are prevalent in adolescents who use smokeless (spit) tobacco.
- Cleft lip/palate is one of the most common birth defects.
- Other birth defects, such as hereditary ectodermal dysplasias, where all or most teeth are missing or misshapen, cause lifetime problems that can be devastating to those affected.
- Professional dental care is necessary for maintaining oral health, emphasized by the fact that 33 percent of Head Start children needed treatment during the 2002-2003 school program. [4]
- Insurance is a strong predictor of access to dental care. Children from families without dental insurance are 3 times more likely to have dental needs than children with either

public or private insurance. For each child without medical insurance, there are at least 2.5 children without dental insurance.

- Medicaid has not been able to fill the gap in providing dental care to poor children. Only 28% of Medicaid-covered children received a single dental visit in a recent year-long study period. [5] Although programs such as the Children's Health Insurance Program (CHIP) have increased the number of insured children, many children are still left without effective dental coverage. Undocumented children are not eligible for Medicaid or CHIP. Enrollment in CHIP is also capped, limiting access to care.
- The social impact of oral diseases in children is substantial. In Utah more than 500,000 school hours are lost each year to dental-related illness. Poor children suffer nearly 12 times more restricted-activity days than children from higher-income families. Pain and suffering due to untreated dental diseases can lead to problems in overall health, eating, speaking, and ability to learn.

Adults

- Most adults show signs of periodontal or gingival diseases. Severe periodontal disease affects about 14 percent of adults aged 45-54.
- Clinical symptoms of viral infections, such as herpes labialis simplex (cold sores), and oral ulcers (canker sores) are common in adulthood affecting about 19 percent of adults 25 to 44 years of age.
- Chronic disabling diseases such as temporomandibular disorders, Sjögren's syndrome, diabetes, and osteoporosis affect millions of Americans and compromise oral health and functioning.
- Pain is a common symptom of craniofacial disorders and is accompanied by interference with vital functions such as eating, swallowing, and speech. Twenty-two percent of adults reported some form of oral-facial pain in the past six months. Pain is a major component of trigeminal neuralgia, facial shingles (post-herpetic neuralgia), temporomandibular disorders, fibromyalgia and Bell's palsy.
- Population growth as well as technology that is enabling earlier detection of cancer mean that more people than ever before are undergoing cancer treatments. More than 400,000 of these individuals will develop oral complications annually.
- Immunocompromised individuals, such as those with HIV infection and those undergoing organ transplantation, are at higher risk for oral diseases such as candidiasis.
- Employed adults in Utah lose more than 1.6 million hours of work each year due to dental disease or dental visits.
- For every adult 19 years or older with medical insurance, three are without dental insurance.
- Approximately 66 percent of Utah adults report having dental insurance. However only 42 percent of those living in poverty report having dental insurance. [6]
- Approximately 75 percent of Utah adults reported seeing a dentist in the past year, above the national rate of 68 percent. Those with incomes at or above the poverty level were twice as likely to report a dental visit in the past 12 months as those who were below the poverty level. [6]

Older Adults

- Twenty-three percent of 65- to 74-year-olds have severe periodontal disease. At all ages men are more likely than women to have more severe disease, and at all ages people at the lowest socioeconomic levels have more severe periodontal disease.
- Nationally, about 30 percent of adults 65 years and older have lost all their teeth, compared to 46 percent 20 years ago. These figures are higher for those living in poverty.
- Only fifteen percent of elderly Utahns have lost all their teeth. Utah ranks third in the nation for the smallest percentage of those who have lost all their teeth. [6]
- Oral and pharyngeal cancers are diagnosed in approximately 30,000 Americans annually. Each year 8,000 die from these diseases.
- Most older Americans take both prescription and over-the-counter drugs. In all probability, at least one of the medications will have an oral side effect, such as xerostomia (dry mouth). The inhibition of salivary flow increases the risk for oral disease because saliva contains antimicrobial components as well as minerals that can help rebuild tooth enamel after attack by acid-producing, decay-causing bacteria. Individuals in long-term care facilities are given an average of eight prescriptions.
- At any given time, five percent of Americans aged 65 and older (currently some 1.65 million people) are living in a long-term care facility where dental care is sporadic at best.
- There are 203,000 Utahns over age 65. Many individuals lose their dental insurance when they retire. Medicare is not designed to reimburse for routine dental care.

Source (unless otherwise noted): *Oral Health in America: A Report of the Surgeon General.* [1]

Partnering for Progress

Aware that the Report had reinforced and stimulated a number of ongoing activities, but seeing a need to facilitate communication and coordination of the state's efforts, the Utah Department of Health, Oral Health Program (OHP) extended an open invitation to organizations to launch the development of the *Plan of Action.* The Utah Oral Health Coalition (see Appendix 1) joined the OHP in enumerating existing initiatives to enhance oral health, with an emphasis on those related to the Surgeon General's Report and to the *Healthy People 2010* oral health objectives [7] (See Appendix 2), and to expand these efforts by enlisting the expertise of individuals, health care providers, advocates, community members, and policymakers at all levels of society. According to a recent study of the availability and perceived effectiveness of public health activities in the nation's most populous communities, "successful improvement strategies should target the full complement of organizations that currently contribute to, or can potentially contribute to, public health activities." [8] The Coalition has convened three Oral Health Summits, which have been collaborations among private and public entities. The participants of the Summits developed short-term strategies and long-term work plans. Workgroups focused on Access, Policy and Funding, Legislation, and Prevention and Education. Input was also captured through focus groups. Twelve focus groups, one per local health department, were undertaken among low income female heads of household in 2003. This project, conducted by EDGE, identified four specific needs to improve the oral health status of low income persons.

1. Access to affordable dental care
2. Education on services that Medicaid/CHIP provide
3. Education on the impact of a lack of regular dental care
4. A program to effect behavioral change in seeking preventive dental care

The information proved to be extremely valuable in demonstrating the degree to which oral health concerns extend beyond the oral health community and in providing a wealth of ideas and activities for resolving the identified issues.

Vision and Goals

The Vision of the *Plan of Action* is to advance the general health and well-being of all Utahns by promoting oral health and preventing oral disease.

The Goals of the *Plan of Action* reflect those of the *National Call to Action* and *Healthy People 2010* (See Appendix 2) which are to:

- promote oral health
- improve quality of life
- improve access to care by overcoming barriers and
- eliminate oral health disparities.

As a force for change to enhance Utahn's overall health and well-being, the *Plan of Action* urges that oral health promotion, disease prevention, and oral health care have a presence in all health policy agendas set at local and state levels. For this to happen, it must be clear to the public, health professionals, and policymakers that oral health is essential to general health and well-being at every stage of life. In addition, the oral health community will be ready to act to address the state's overall health agenda.

The Actions

Each of the five actions that follow is a call for a response from the individuals and groups who are most concerned and in a position to act—whether as community leaders, volunteers, health care professionals, research investigators, policymakers, and other concerned parties, or as public and private agencies able to bring their organizational mandates and strengths to the issues. The responding groups and individuals need to work as partners, sharing ideas and coordinating activities to capitalize on joint resources and expertise to achieve common goals. The proposed actions reflect ideas and approaches outlined in the Surgeon General's Report.

The themes that emerged were that people care about their oral health, are able to articulate the problems they face, and can devise ingenious solutions to resolve them--often through creative partnerships. Ultimately, the measure of success for any of these actions will be the degree to which individuals and communities--the people of the state itself--gain in overall health and well-being. To achieve those ends, the partners have proposed four guiding principles. Actions should be 1) science based, 2) culturally sensitive, 3) integrated into overall health and well-being efforts, and 4) routinely evaluated.

Action 1. Strengthen the Perception of the Importance of Oral Health

For too long, the perception that oral health is in some way less important than and separate from general health has been deeply ingrained in people's consciousness. The public and health care providers may not be aware of the current recommendation that a child be examined by a dental professional by one year of age. Policymakers whose constituents have access to regular dental care may not be aware of the wide disparities that exist. Activities to overcome attitudes and beliefs need to start at the grassroots level, which can then lead to a coordinated statewide movement to increase oral health literacy, defined as the degree to which individuals have the capacity to obtain, process, and understand basic oral health information and services needed to make appropriate health decisions. By raising their level of awareness and understanding of oral health, people can make informed decisions and articulate their expectations of what they, their communities, and health professionals can contribute to improving health; health professionals and researchers can benefit from working with oral health partners; and policymakers can commit to include oral health in health policies. In this way, the prevention, early detection, and management of diseases of the dental and oral tissues can become integrated in health care, community-based programs, and human services, and promote the general health and well-being of all Utahns.

Implementation strategies to change perceptions are needed at local and state levels and for all population groups. All stakeholders work together and use data in order to:

- Change public perceptions
- Change policymakers' perceptions
- Change health care providers' perceptions

Action 2. Overcome Barriers to Improve Oral Health

Reduce disease and disability through proven preventive measures. While the effectiveness of preventive interventions such as community water fluoridation and school-based dental sealants for children at risk have been persuasively demonstrated, very few communities have implemented both measures sufficiently to promote oral health among their residents. Private and public agencies have conducted pilot projects and demonstration programs to inform the public and health professionals of strategies to reduce the burden of oral disease through education, behavior change, risk reduction, early diagnosis, and other disease prevention methods. Local efforts to engage and educate community leaders in activities to improve oral health have been developed. Input from the EDGE focus groups also identified programs and interventions that warrant consideration. [9]

Having accurate data on disease and disabilities for a given population is critical. Program success depends on how well the program is designed and implemented to address the defined problems. While available data reveal variations within population groups in patterns of health and disease, there are many subpopulations, such as different ethnic groups, preschoolers and adults, for which data are limited or nonexistent.

Improve oral health care access. Health disparities are commonly associated with populations whose access to health care services is compromised by poverty, lack of insurance, limited education or language skills, geographic isolation, age, gender, disability, or an existing medical condition. While Medicaid, CHIP, and private organizations in Utah have expanded outreach efforts to identify and enroll eligible persons and simplify the enrollment process, the gaps still exist. Adults may not know that they or their children are eligible for dental services or even that Medicaid and CHIP cover dental services for certain eligible populations. In addition, each of Utah's 29 counties is designated as a full or partial Dental Health Professional Shortage Area.

Those who seek care may be faced with staff in health care systems who lack the training and cultural competence to communicate effectively in order to provide needed services. Programs that have overcome these barriers, through strategies including outreach efforts and community service activities, should be identified, highlighted and replicated.

Compounding health disparities is the lack of adequate reimbursement and coverage for oral care services in both public and private programs. Private insurance coverage for dental care still lags behind medical insurance. Inadequate reimbursement has been reported for the Medicaid program. Eligibility for Medicaid does not ensure enrollment, and enrollment does not ensure that individuals obtain needed care, as evidenced by the fact that less than a third of the Utah children enrolled in Medicaid had a dental visit during FY03. Several communities are demonstrating the potential for improving children's oral health access by conducting outreach programs to the public and improving provider participation through operational changes. Utah County Health Department, and Bear River Health Departments are currently employing innovative case management services. This is expanding to other local health departments. Coordinated volunteer systems in various communities are also employing innovative services.

Regardless of which approach is taken, a necessary first step is to establish close working relationships with the key groups so that strategies tailored to their varying and continuing health needs can be developed.

Enhance health promotion and health literacy. Public policies and community interventions to make health care and information more accessible have been effective. Efforts to encourage healthier lifestyles and increase interventions for prevention or early detection of disease by changing the environment (the places where people work, play, learn, or live) have been effective. Expansion of community-based health promotion and disease prevention programs, including increasing understanding of what individuals can do to enhance oral health, is essential if the needs are to be met. Policies and programs concerning tobacco cessation, dietary choices, wearing protective gear for sports, and other lifestyle-related efforts not only will benefit oral health, but also are natural ways to integrate oral health promotion with promotion of general health and well-being.

Many Utahns are not aware of the importance of oral health nor the connection between oral health and general health. They don't know all they can do to preserve their oral health and may not recognize signs indicating that they are in need of immediate care. Several oral health campaigns are raising awareness of why oral health is important and how to access care. For

example, the statewide campaign by the Utah Dental Association emphasized the importance of the early diagnosis of oral cancer. The Baby Your Baby campaign includes information on the relationship between periodontal disease and low-birth weight preterm births. It is encouraging that messages like these are being communicated through public service announcements, campaigns, and many of the venues available in today's media-conscious culture.

Implementation strategies to overcome barriers to oral health need to engage all groups, particularly those most vulnerable, in the development of oral health care programs. These work to eliminate health disparities and aim to overcome barriers by:

- Replicating proven preventive measures
- Improving access to oral health care
- Enhancing health promotion

Action 3. Build the Science Base and Accelerate Science Transfer

Advances in health care depend on biomedical and behavioral research aimed at understanding the causes and pathological processes of diseases, which can lead to interventions that will improve prevention, diagnosis, and treatment. Too many people are uninformed about, misinformed about, or simply not interested in oral health. Such lack of understanding and indifference may explain why community water fluoridation and school-based dental sealant programs fall short of full implementation, even though the scientific evidence for their effectiveness has been known for some time and was reaffirmed with the release of *Oral Health in America.* These and other effective preventive and early detection programs should be expanded—especially to populations at risk.

Oral health research must also pursue research on chronic oral infections associated with heart and lung disease, diabetes, and premature low-birth-weight babies. Family Dental Plan (FDP) provides dental services to Medicaid participants at clinics throughout the state. FDP is currently engaged in a project to determine the effectiveness of periodontal treatment for pregnant women enrolled in Medicaid. Surveys are needed to establish baseline health data for Utah's many subpopulations as well as to monitor changing patterns of disease.

If the public and their health care providers are to benefit from research, efforts are needed to transfer new oral health knowledge into improved means of diagnosis, treatment, and prevention. It is important for the public to be informed, accurately and often, of findings that affect their health. They need clear descriptions of the results from research and demonstration projects concerning lifestyle behaviors and disease prevention practices. Communities and organizations must also be able to reap the benefits of scientific advances that may contribute to changes in the reimbursement and delivery of services, as well as enhance knowledge of risk factors. Advances in science and technology also mean that life-long learning for practitioners is essential and can be incorporated into the 30 hours of continuing education that dentists and dental hygienists are required to complete every two years.

Implementation strategies to build a balanced science base and accelerate science transfer should benefit all individuals, especially those in poorest oral health or at greatest risk. Specifically there is a need to:

- Enhance applied research to improve oral health and prevent disease
- Accelerate the effective transfer of science into public health and private practice

Action 4. Build an Effective Infrastructure

A sustained effort is needed to build the state's oral health infrastructure to ensure that all sectors of society--the public, private practitioners, and public health personnel--have sufficient knowledge, expertise, and resources to design, implement, and monitor oral health programs. Leadership for successfully directing and guiding public agency oral health units is essential. Efforts to build infrastructure include:

- Enhance opportunities for providers.
- Increase the community-based experiences that benefit the communities and the dental health care providers.
- Expand continuing education opportunities for professionals in the arena of public dental health
- Expand oral health workforce capacity.
- Enhance flexibility and develop local solutions.
- Increase diversity, capacity, and flexibility to all components of the workforce.
- Ensure a sufficient workforce distribution to meet health care needs
- Secure an adequate and flexible workforce

Action 5. Increase Collaborations

The private sector, such as business, dentists and others, and the public sector, such as advocacy groups, volunteers, government and others, have unique characteristics and strengths that are necessary for collaboration to be successful. Linking the two can result in a creative synergy capitalizing on the talents and resources of each partner. In addition, efforts are needed within each sector to increase the capacity for program development, for building partnerships, and for leveraging programs. Incentives must be in place for partnerships to form and flourish.

Disease prevention and health promotion campaigns and programs that affect oral and general health--such as tobacco cessation, diet counseling, health education aimed at pregnant women and new mothers, and support for use of oral-facial protection for sports--can benefit from collaborations among public health, health care practicing communities and others. Interdisciplinary efforts are needed to promote the general health-oral health interface. Achieving and maintaining oral health requires individual action, complemented by professional care and community-based activities. Many programs require the combined efforts of human service, education, and health care services at state and local levels. Most importantly, successful partnerships result when the public in the form of voluntary organizations, community groups, or as individuals are included in any partnership that addresses oral and general health.